WISCONSIN MEDICAID
CERTIFICATION OF EMERGENCY FOR NON-U.S. CITIZENS INSTRUCTIONS

SERVICES FOR NON-U.S. CITIZENS
Use of this form is not mandatory, but by verifying that the service(s) provided was to treat an emergency medical condition (according to the federal definition below), the provider is helping the county/tribal social or human services department determine Wisconsin Medicaid eligibility for certain non-U.S. citizens.

Under 8 USC 1611(b)(1)(A), certain non-U.S. citizens are not eligible for Wisconsin Medicaid services except when those services are necessary for the treatment of an emergency medical condition. Title 42 CFR s. 440.255(c)(1) law describes an emergency medical condition as follows:

A medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy,
- Serious impairment to bodily functions, or
- Serious dysfunction of any bodily organ or part.

Per federal regulations, Wisconsin Medicaid does not cover services related to routine prenatal or postpartum care or major organ transplants (e.g., heart, liver) for non-U.S. citizens only eligible for emergency services. For purposes of this policy, all labor and delivery is considered emergency labor and delivery.

MEDICAID ELIGIBILITY
Do not complete this form if the patient is already eligible for Wisconsin Medicaid. To determine whether a patient is a Medicaid recipient, contact the Wisconsin Medicaid Eligibility Verification System (EVS). For more information on the EVS, refer to the Provider Resources section of the All-Provider Handbook. Providers also have the option of calling Provider Services at (800) 947-9627 or (608) 221-9883 to determine the eligibility status of a patient.

Note: A provider's certification of "emergency" does not guarantee Wisconsin Medicaid reimbursement.

PATIENT INFORMATION
Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible patients.

Patients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, and address (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

INSTRUCTIONS
The patient should take this form to the county/tribal social or human services department in his or her county of residence where the decision of eligibility is made. Wisconsin Medicaid advises providers to keep a copy for their records. Medicaid reimbursement for the emergency service is conditional on meeting all program rules, including meeting the definition of emergency medical condition as described above and medical necessity.

SECTION I — PATIENT INFORMATION

Element 1 — Name — Patient
Enter the patient's last name, first name, and middle initial.

Element 2 — Address — Patient
Enter the complete address (street, city, state, and Zip code) of the patient's place of residence.

Element 3 — Date of Birth — Patient
Enter the birth date of the patient.

Element 4 — Social Security Number — Patient
This information is not required. Most non-U.S. citizens do not have Social Security numbers. If provided, the Social Security number will only be used for the administration of Wisconsin Medicaid.

Element 5 — Emergency Start Date
Enter the start date in MM/DD/YYYY format in which the patient was initially treated for the emergency condition.

Element 6 — Emergency End Date
Enter the date in MM/DD/YYYY format in which the patient's condition was no longer considered an emergency condition (according to the federal definition), or the date in the future, in the provider's judgement, the emergency condition will end.

Element 7 — Name — Contact Person
Enter the name of the person who can verify the information provided on this form.

Element 8 — Telephone Number — Contact Person
Enter the telephone number of the contact person, including area code.

SECTION II — PROVIDER INFORMATION AND AUTHORIZATION

Element 9 — Name — Provider
Print the medical provider's name or the name of the facility where treatment was provided.

Element 10 — Signature — Provider
The form must be signed and dated by the performing physician, physician assistant, nurse practitioner, nurse midwife, or dentist who can verify that the patient was treated for an emergency medical condition according to the federal definition.

Element 11 — Date Signed
Enter the date the form is signed.